### **Application Data Sheet**

### **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Computer Readable Form (CRF)?:: No

Title:: NOTIFICATION ALARM TRANSFER

METHODS, SYSTEM, AND DEVICE

**Attorney Docket Number::** 066243-0265 (146042)

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

**Total Drawing Sheets::** 16

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

# **Applicant Information**

**Applicant Authority Type::** Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David C.

Family Name:: Hastings

City of Residence:: Rancho Santa Margarita

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| State or Province of          | CA                     |                            |  |   |
|-------------------------------|------------------------|----------------------------|--|---|
| Residence::                   |                        |                            |  |   |
| Country of Residence::        | US                     |                            |  |   |
| Street of mailing address::   | 20 Via Brida           |                            |  |   |
| City of mailing address::     | Rancho Santa Margarita |                            |  |   |
| State or Province of mailing  | CA                     |                            |  |   |
| address::                     |                        |                            |  |   |
| Postal or Zip Code of mailing | 92688                  |                            |  |   |
| address::                     |                        |                            |  |   |
|                               |                        |                            |  |   |
| Correspondence Information    |                        |                            |  |   |
| Correspondence Customer Nur   | nber::                 | 33679                      |  |   |
| E-Mail address::              |                        | PTOMailMilwaukee@Foley.com |  |   |
|                               |                        |                            |  |   |
| Representative Information    |                        |                            |  |   |
|                               |                        |                            |  |   |
| Representative Customer       | 33679                  |                            |  |   |
| Number::                      |                        |                            |  |   |
| Domestic Priority Information |                        |                            |  |   |
| A 11 41 A 11                  |                        |                            |  | _ |

| Application:: | Continuity Type:: | Parent        | Parent Filing |
|---------------|-------------------|---------------|---------------|
|               |                   | Application:: | Date::        |
|               |                   |               |               |

# **Foreign Priority Information**

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |

### **Assignee Information**

Assignee name::

**GE Medical Systems Information** 

Technologies, Inc.